

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/509127

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3	1		1			
4	1		1			
5	2		1			
6	2		1			
7	1		1			
8	①		1			
9	①		1			
10	1		1			
11	①		1			
12	1		1			
13	1		1			
14	①	②				
15	①	②				
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	2		1			
22	2		1			
23	1		1			
24	1		1			
25	1					
26	2					
27	2					
28	①					
29	①					
30	①		1			
31	①		1			
32	1		1			
33	1		1			
34	1					
35	1					
36	2					
37	2					
38	1					
39	①					
40	1		1			
41	①		1			
42	1		1			
43	①		1			
44	①	②				
45	1		1			
46	1		1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	52	←	30	←		←
TOTAL CLAIMS	54		32			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.				←		←
TOTAL CLAIMS						